# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16-31, 2005.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE	E	2. DATE SUBMITTED		Applicant Ide	version 7/0		
1. TYPE OF SUBMISSION:	T	12/19/05 3. DATE RECEIVED B	Y STATE	State Applica	ition identifier		
Application	Pre-application	4. DATE RECEIVED B	V EEDERAL A	SENCY Federal Iden	ifior		
Construction	Construction		T FEDERAL A	Pederal Iden	uner		
Non-Construction  5. APPLICANT INFORMATIO	Non-Constructio	n					
Legal Name:			Organizatio				
Sacramento Housing and Red	evelopment Agency		Department: Developmen	t Services			
Organizational DUNS: 007973530			Division:				
Address: Street:			Name and to	elephone number of police application (give are	erson to be contacted on matters		
630   Street			Prefix:	First Name:	24 (000)		
City: Sacramento			Mr. Middle Name	Jlm			
County: Sacramento			Last Name Hare		· · · · · · · · · · · · · · · · · · ·		
State: California	Zip Code 95814		Suffix:		(0)		
Country:	50014		Email:				
6. EMPLOYER IDENTIFICATI	ON NUMBER (E/N):		jhare@shra.	org er (give area code)	Fax Number (give area code)		
94-600075			916/440-131		916/442-5736		
8. TYPE OF APPLICATION:	2		7. TYPE OF	APPLICANT: (See bac	k of form for Application Types)		
II Ne If Revision, enter appropriate le (See back of form for descriptio	tter(s) in box(es)	lon 🖺 Revision	N Other (specify				
Olher (specify)		Ш	9. NAME OF FEDERAL AGENCY; Housing & Urban Development				
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER;	, -	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
'		1 4 - 2 4 6			ow-Income and extremely low-		
TITLE (Name of Program): Economic Development Initiative			income indiv	duals including chronica	ally homeless individuals.		
12. AREAS AFFECTED BY PF Sacramento, Sacramento Cour	-	89, 218188, 81C.):					
13. PROPOSED PROJECT	tty, California		14. CONGRE	SSIONAL DISTRICTS	OF:		
Start Date. March 1, 2006	Ending Date: March 1, 2008		a. Applicant 3rd, 5th, 11th		b. Project		
15. ESTIMATED FUNDING:	Match 1, 2006				REVIEW BY STATE EXECUTIVE		
ຍ. Federal 🚡	<b></b>	· · · · · · · · · · · · · · · · · · ·	ORDER 1237		JAPPLICATION WAS MADE		
b. Applicant \$		498,000	ia. rus. pe⊅ A	VAILABLE TO THE ST.	ATE EXECUTIVE ORDER 12372		
				ROCESS FOR REVIEW	VON		
c. State \$		, w		ATE:			
d. Local \$		. Uo	b. No. 🗇 P	ROGRAM IS NOT COV	ERED BY E. O. 12372		
e. Other \$		·		R PROGRAM HAS NO OR REVIEW	T BEEN SELECTED BY STATE		
f. Program Income \$		· III			NT ON ANY FEDERAL DEBT?		
g. TOTAL S		496,000 <sup>IXI</sup>		s" attach an explanation			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ABSURANCES IF	<b>AUTHORIZED BY THE</b>	E GOVERNING BODY OF	PLICATION/PRI THE APPLICAN	EAPPLICATION ARE T IT AND THE APPLICA	RUE AND CORRECT, THE NT WILL COMPLY WITH THE		
o, Authoriżed Representative Prefix Ms.	First Name			Middle Namo			
Ms. Anne Last Name				M.			
Moore	· ·			Suffix			
o. Title Executive Director	RECEIVI	=D	с. Telephone Number 916/440-1319	(give area code)			
d. Signature of Amhorized Repre	sentative	ITEOLIVI		e. Date Signed 12/19/05			
Previous Editor Usafle	-	DEC 1 6 20	05	1,210,00	Standard Form 424 (Rev.9-2003)		
Authorized for Local Reproduction	OH .				Prescribed by OMB Circular A-102		
	STATE CLEARING	HOUSE					

not o anne

APPLICAT	ION FOR			U		Approval No. 0348-00
FEDERAL ASSISTANCE		2 DATE SUBMITTED October	26, 2005			
1. TYPE OF SUE	MISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construct		Preapplication Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Non-Cons		Non-Construction				
5. APPLICANT I Legal Name:	NFORMATION			Organizational Unit:		
MAJESTIC	PINES C	APITOL IMPROVE	EMENT CORP.	MAJESTIC P	INES COMM. SERV	
Address (give cit	y, county, State,			this englication (alve s	number of person to be contact wea code) evens, 760-765-246	
Julian, CA	92036					
6. EMPLOYER II	0 7 0 5	N NUMBER (EIN):			ANT: (enter appropriate letter in H. Independent School Dist.	G
				A. State B. County	I. State Controlled Institution	of Higher Learning
8. TYPE OF API		_		C. Municipal	J. Private University	
	☑ Nev	Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, ente	appropriate lett	er(s) in box(es)		E. Interstate	L. Individual	
			·	F. Intermunicipal	M. Profit Organization	
A. Increase Av		rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)	
D. Decrease D	uration Other(	specify):		9. NAME OF FEDER	AL AGENCY:	
				USDA, RURAL I	DEVELOPMENT	
10 CATALOG	OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TO	TLE OF APPLICANT'S PROJ	ECT:
10. 07.17.200	1 1 1 1 1 1 1 1 1	e april	MEI-DIAN	Replace Water S	Storage Reservoir and D	evelop an
	•	r Livatiya iyo ista 1868	in the C	Additional Well	and Treatment Plant	·
TITLE:		OJECT (Cities, Counties, St	ntee "etc.):	- 1 mm		•
		Diego County, Califor	Comment of the Commen		entralis de la companya de la compa La companya de la co	
13. PROPOSED	PROJECT	14. CONGRESSIONAL D	STRICTS OF:	:		
Start Date 3/1/06	Ending Date 3/1/09	a. Applicant Duncan	Hunter	b. Project	Duncan Hunter	
15. ESTIMATED				16. IS APPLICATION	SUBJECT TO REVIEW BY	STATE EXECUTIVE
				ORDER 12372 P	ROCESS?	
a. Federal		\$	500,000	a. YES. THIS PRE	APPLICATION/APPLICATION	I WAS MADE
b. Applicant	D	ÉCEIVED	.00	2000000	E TO THE STATE EXECUTIVE FOR REVIEW ON:	
c. Starte		S	.00	<b>-</b>	DUTE OF LETT	ER
C. State		FC 1 9 2005		DATE _/	VOV 17,2005	
d. Local		\$	.00	b. No. 🏻 PROGR	AM IS NOT COVERED BY E.	O. 12372
e. Other	STAT	ESCLEARING HOUSE	.00	OR PROFOR RE	GRAM HAS NOT BEEN SELE	ECTED BY STATE
f. Program Incor	me	\$	00	17 IS THE APPLICA	ANT DELINQUENT ON ANY F	EDERAL DEBT?
g. TOTAL		\$	500,000		attach an explanation.	☑ No
DOCUMENT H	AS BEEN DUL	Y AUTHORIZED BY THE G	LL DATA IN THIS APPLI OVERNING BODY OF T	CATION/PREAPPLICA HE APPLICANT AND T	ATION ARE TRUE AND CORE THE APPLICANT WILL COMP	ECT, THE LY WITH THE
a. Type Name o	f Authorized Re	THE ASSISTANCE IS AW presentative	b. Title		c. Telephone Number	
William G. S			President	The state of the state of	(760) 765-2465	

1 : .

President

a. Type Name of Authorized Representative William G. Stevens

e. Date Signed 10/26/2005

APPLICATION FOR FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Tanalis and Lie	Version 7/03	
		December 9, 2005		Applicant Identifier		
1. TYPE OF SUBMISSION Application	Pre-application	3. DATE RECEIVED BY STATE		State Applicat	ion Identifier	
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identi	fier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATE Legal Name:	TION		Ozzania-tia-a-l U-it.			
County of San Joaquin			Organizational Unit: Department:			
1 -				ment of Aviatior	)	
Organizational DUNS: 08722 6056						
Address: Street:			Name and telephone involving this application	number of pe	rson to be contacted on matters	
5000 South Airport Way			Prefix:	First Name:	a code)	
City: Stockton		***************************************	Mr. Middle Name	Barry	**	
County:			Last Name			
San Joaquin State:	Zip Code		Rondinella Suffix:			
California	95206					
Country: USA			Email: brondinella@sigov.org			
6. EMPLOYER IDENTIFICA	ATION NUMBER (EIN):		Phone Number (give as		Fax Number (give area code)	
94-60005	3 1		(209) 468-4700		(209) 468-4730	
8. TYPE OF APPLICATION	l:		7. TYPE OF APPLICA	NT: (See back	c of form for Application Types)	
If Revision, enter appropriate	New Continuation	n 🛚 Revision	B. County			
(See back of form for descrip			Other (specify)			
Other (specify)			9. NAME OF FEDERA	I AGENCY:		
Changed scope of project.			Federal Aviation Administration			
10. CATALOG OF FEDER	AL DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE TIT			
TITLE (Name of Program):	TITLE (Name of Program):			Stockton Metropolitan Airport, Stockton, San Joaquin County, California Acquire Aircraft Rescue and Fire Fighting Vehicle,		
Airport Improvement Program  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			Upgrade ARFF S	tation		
	s, States, etc.):					
San Joaquin County, California 13. PROPOSED PROJECT	rnia		44 000000000000	DIOTRICTO		
Start Date:	Ending Date:		14. CONGRESSIONA a. Applicant	LDISTRICTS	Dr: b. Project	
2006	2006		11		11	
15. ESTIMATED FUNDING	ECEIVED I		ODDED 42272 DDOOR		REVIEW BY STATE EXECUTIVE	
a. Federal	\$	902,500	a. Yes. Z	APPLICATION	/APPLICATION WAS MADE	
b. Applicant	DI⊊C 2 1 2005	00		FOR REVIEW	TIL EXECUTIVE ONDER 12312	
c. State	\$	2,375	DATE: De	cember 12, 20	05	
d. Local	E CLEARING HOUSE	45,125 0	b. No. I PROGRAM	I IS NOT COV	ERED BY E. O. 12372	
e. Other	\$	0	OR PROG	RAM HAS NO	F BEEN SELECTED BY STATE	
f. Program Income	\$	- 00	FOR REVI	EW	NT ON ANY FEDERAL DEBT?	
g. TOTAL	D. TOTAL \$ 00 200					
950,000 Yes If "Yes" attach an explanation. No  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE						
DOCUMENT HAS BEEN DU	LY AUTHORIZED BY THE	<b>GOVERNING BODY OF</b>	THE APPLICANT AND	THE APPLICA	NT WILL COMPLY WITH THE	
ATTACHED ASSURANCES  a. Authorized Representative		WARDED.				
Prefix First Name Mr. Steve			Middle 1	Name		
Last Name Gutierrez		Suffix				
b. Title	. Title c. Telephone Number (give area code)					
Chairman, Board of Supe d. Signature of Authorized Re	MAN ( )	(209) e. Date	468-3113 Signed	1.01.50		
Previous Edition Usable	F		C. Date	Signed 12	119 105	
revious Edition Usable  Standard Form 424 (Rev.9-2003)  Ithorized for Local Reproduction  Prescribed by OMB Circular A-102						

APPLICATION FOR FEDERAL ASSISTAN	ICE		2. DATE SUBMIT	TED	licant Identifier	
1. TYPE OF SUBMISSION:			3. DATE RECEIVED BY STATE		State Application Identifier	
Application	Preapplicat	ion				
Construction	Constru	uction	4. DATE RECEIVED BY FEDERAL AGENCY		* Federal Identifier	
✓ Non-Construction	Non-Co	nstruction			NA16OC2907	
5. APPLICANT INFORMATION				Organizational Unit:		
* Legal Name: San Jose State	University F	oundation		Department: Moss La	anding Marine Labs	
* Organizational DUNS:	056820715			Division:		
Address:				'	ber of person to be contacted on matters involving	
* Street1: 210 North Fourth Str	eet, 4th Floo	r		this application (give area	irst Name: Kenneth	
Street2:				4	iist Name. Keimeth	
* City: San Jose	Cou	nty Santa C	lara	Middle Name: H.		
* State: CA * Zip C	Code: 95112	-5569 * Cou	intry USA	* Last Name: Coale		
			1		Email: coale@mlml.calstate.edu	
6. * EMPLOYER IDENTIFICATIO	N NOWBER	(EIN):		* Phone Number (give are	The state of the s	
94-6017638				(831) 771-4406	(831) 633-4403	
8. TYPE OF APPLICATION:	ion i l	Revision			T: :ation (Other than Institution of F	
New Continuati		Vealaion		Other (specify)		
If Revision, enter appropriate letter  A. Increase Award B. Decrease Award		se Duration		9. * NAME OF FEDERAL	AGENCY:	
D. Decrease Duration Other (specify):				National Oceanic and Atm		
		CICTANCE	11.473			
10. CATALOG OF FEDERAL DO	WESTIC AS	SISTANCE	,11.473	11. * DESCRIPTIVE TITL	E OF APPLICANT'S PROJECT:	
TITLE: Coastal Services Center					ersity Center for Integrative Coastal Ocean	
12. * AREAS AFFECTED BY PRO	OJECT (	Cities, Counties, States, e	etc.):	Research RECEIVED		
California			The state of the s	!	DEC 2 7 2005	
13. * PROPOSED PROJECT:				14. * CONGRESSIONAL		
	<del></del>				STATE CLEARING HOUSE	
* Start Date	l <sub>r</sub>	* Ending Date		* a. Applicant	* b. Project	
08/01/2006		07/31/2007		16	16	
15. * ESTIMATED FUNDING:	· · · · · · · · · · · · · · · · · · ·		Artista del Compa	16. IS APPLICATION SU ORDER 12372 PROCESS	BJECT TO REVIEW BY STATE EXECUTIVE	
* a. Federal	\$	2,365,98	2.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE		
* b. Applicant	\$		0.00	4	PRDER 12372 PROCESS FOR REVIEW ON:	
* c. State	\$		0.00	YES DATE		
* d. Local	\$		0.00	<u> </u>	NOT COVERED BY E.O. 12372	
* e. Other	\$		0.00	OR PROGRAM	HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
* f. Program Income	\$		0.00	_	DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	2,365,98		1	ach an explanation.	
18. * TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT	AND BELIEF, A AND THE APPL	LL DATA IN THIS A ICANT WILL COMP	PPLICATION/PREAPPLIC LY WITH THE ATTACHED	CATION ARE TRUE AND CORRECT. D ASSURANCES IF THE ASSISTAN	. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE CE IS AWARDED.	
a. Authorized Prefix: Dr.	* F	First Name: Pa	amela	Middle 1	Name C.	
Representative * Last Name:	Stacks	Make	The state of the s	Suffix: PhD		
* b. Title: AVP Graduate Studies	s and Resear	ch	lephone Number (give area co	ode): (408) 924-2427		
* Email: osp@foundation.sjsu.e	du	The second secon	Fax Nu	ımber (give area code):	(408) 924-1496	
d. Signature of Authorized Repres	entative:	Comple	led on submission to	Grants dov e Date S	Signed: Completed on submission to Grants.gov	

Version 9/03

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SU	UBMITTED	Applicant Identifier			
1. TYPE OF SUBMISSION:		3. DATE RE	ECEIVED BY STATE	Sta	te Application Identifier		
Application	Preapplication			L			
Construction	Construction						
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION			Organization	al Unit:			
* Legal Name: State of Californ	nia		Department:	Department: Department of Fish and Game			
* Organizational DUNS: 808322358			Division:	NCNCR			
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)				
* Street1: 1416 Ninth Street			Prefix: Mr.	* First N	ame: Neil		
Street2:			Middle Name:				
* City: Sacramento	County			* Last Name: Manji			
* State: CA * Zip C	Code: 95814 * Cou	ntry US		* Email	nmanji@dfg.ca.gov		
6 EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		* Phone Numb	er (give area code	e) Fax Number (give area code)		
94-1697567			(530) 225-230	3	(530) 225-2381		
8. TYPE OF APPLICATION:			7. * TYPE OF	APPLICANT:	State Government		
✓ New ☐ Continuati	on Revision			management and the Public Company			
If Revision, enter appropriate letter							
A. Increase Award B. Decrease Award  D. Decrease Duration Other (specify):	d C. Increase Duration	V. I = 1		9. * NAME OF FEDERAL AGENCY:  National Oceanic and Atmospheric Administration			
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE	11.40	05	11, * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
TITLE: Anadromous Fish Conserva				Salmon and steelhead research, management and enhancement project.			
Alladionous Fish Constru	O.IFCT (Cities, Counties, States,		This project p	This project provides data for the management of salmon and steelhead			
12. * AREAS AFFECTED BY PR	n .	fisheries in the	fisheries in the ocean and Klamath River Basin.				
Statewide							
13. * PROPOSED PROJECT:			14. * CONGRE	SSIONAL DIST	RICTS OF:		
* Start Date	* Ending Date		* a. Applicant		* b. Project		
07/01/2006	06/30/2007		3		Statewide		
15. * ESTIMATED FUNDING:					T TO REVIEW BY STATE EXECUTIVE		
* a. Federal	\$ 274,529	0.00		ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO			
* b. Applicant	\$ 274,529	3.00			12372 PROCESS FOR REVIEW ON:		
* c. State	\$ (	0.00	✓ YE	S DATE _	12/27/2006		
* d. Local	s O	0.00	b. PR	OGRAM IS NOT C	OVERED BY E.O. 12372		
* e. Other	s (	0.00	☐ OR	PROGRAM HAS	NOT BEEN SELECTED BY STATE FOR REVIEW		
* f. Program Income	\$ 0	0.00	17. IS THE AP	PLICANT DELIN	QUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$		☐ Yes II	"Yes," attach ar	n explanation.		
18. * TO THE BEST OF MY KNOWLEDGE GOVERNING BODY OF THE APPLICANT					OCCUMENT HAS BEEN DULY AUTHORIZED BY THE AWARDED.		
a. Authorized Prefix: Mr.	* First Name: Do	n		Middle Name			
Representative * Last Name:	Koch		The Control of the Co		Suffix:		
* b. Title: Regional Manager, NC	NCR	* c. Telephone Number (g	ive area code):	(530) 225-2363			
* Email: DKoch@dfg.ca.gov Fax Number (give area code):					(530) 225-2381		
d. Signature of Authorized Represe	d. Signature of Authorized Representative: Completed on submission to Grants.gov						
Previous Edition Usable			1	005	Standard Form 424 (Rev. x-xx		
Authorized for Local Reproduction			DEC 2 8 2	ל לטט	Prescribed by OMB Circular A-102		
			STATE CLEARING	HOUSE			

APPLICATION FOR				on 7/03	
FEDERAL ASSISTANCE	2. DATE SUBMITTED	2/28/05	Applicant Identifier		
1. TYPE OF SUBMISSION: Application Pre-application	3. DATE RECEIVED BY		State Application Identifier		
Construction Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction Non-Construction			<u> </u>		
6. APPLICANT INFORMATION Legal Name:	* .	Organizational Unit:			
1	outy, Inc	Department:	· ·		
Organizational DUNS:	RECEIVE	Division:	•	, , , , , , , , , , , , , , , , , , , ,	
Address:	7//1 1 (ATT)		number of person to be contacted on ma	ttors	
Street: 2010 Park Avenue	DEC 2 8 2005	Prefix:	ation (give area code) First Name: Michael	ni m (Aprilali <del>an</del>	
City: Chico S	TATE CLEARING HOU		au.		
County: Butte		LegiMome	Glunge		
State: CA Zip Code 9592	8	Suffix:		***************************************	
Country: USA		Email:	realunts Osbe plobalin	4	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	A 11/4	Phone Number (give a	rea code) Fax Number (five area code)		
94-17-646	•	630 841-58			
B. TYPE OF APPLICATION:	<b></b>	7. TYPE OF APPLICA	NT: (See back of form for Application Types	š)	
Mew Continuation of letters.)		Other (specify)			
ľ	. [	Non Prof	LAGENCY:		
Other (specify)		USDA,	Le nal Develo ment		
10. CATALOG OF FEDERAL DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVĚ TI	TLE OF APPLICANT'S PROJECT:		
TITLE (Name of Program):	10-1466	Adult L	love Actuaty Center	,	
12. AREAS AFFECTED BY PROJECT (Cities, Countie	A /	whire office s			
Butte, Glaun, Te hama		Var arras (	aller o blir		
13. PROPOSED PROJECT	de la	14. CONGRESSIONA			
Start Dale: 21, 06 Ending Date: 21, 0	B	a. Applicant	Two history Two		
15. ESTIMATED FUNDING:	,		SUBJECT TO REVIEW BY STATE EXECU ESS?	TIVE	
a. Federal	9,000	a. Yes. THIS PRE	ESS? APPLICATION/APPLICATION WAS MADE LE TO THE STATE EXECUTIVE ORDER 12:	372	
b. Applicant \$	ou	PROCES	S FOR REVIEW ON		
c. State \$	. <u> </u>	DATE:	2/28/05		
d. Local \$		b. No. 🔲 PROGRAI	M IS NOT COVERED BY E. O. 12372		
e. Other		FOR REV	RAM HAS NOT BEEN SELECTED BY STATIEW		
f. Program Income	, no	17. IS THE APPLICAT	IT DELINQUENT ON ANY FEDERAL DEBT	7	
g. TOTAL 1, 43 0,	☐ Yes if "Yes" attach an explanation.				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
Authorized Depressionalities		P The party of the	NI JAN B A NAMES PROGRAMMAN SECTOR FOR		
Prefix Mr. First Name Mich		Middla	Namo Dea u		
Last Name Mc Ginnis		Suffix	1		
b. Title Executive Dinactor	Manufacture (No. ) 44	c. Tele	phone Number (give area code)		
d. Signature of Authorized Representative					
Previous Edition Usable	5		Standard Form 424 (Rev.9		





FTA

**U.S.** Department of Transportation

**Federal Transit Administration** 

## **Application for Federal Assistance**

Recipient ID:	5566		
Recipient Name:	OS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY		
Project ID:	CA-03-0683-02		
Budget Number:	3 - Budget Pending Approval		
Project Information:	FY04/05 Fixed Guideway		

### **Part 2: Project Information**

RECEIVED

DEC 2 9 2005

~
Grant
CA-03-0683-02
FY04/05 Fixed Guideway
Transit Authority
Ray Tellis 213.202.3956
Gladys Lowe 213.922.2459
Amendment
Increase Award
20500
5309
None Specified
Jul. 01, 2004 - Sep. 30, 2008
YES
None Specified
NO
Mar. 21, 2005
19-25
Flectronic

Gross Project Cost:	STATE CLEARING HOUSE 34,303
Adjustment Amt:	\$0
Total Eligible Cost:	\$1,834,303
Total FTA Amt:	\$1,467,442
Total State Amt:	\$0
Total Local Amt:	\$366,861
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Supp. Agreement?:	No
Debt. Delinq. Details:	

#### **Urbanized Areas**

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

#### **Congressional Districts**

State ID	District Code	District Official
6	25	Howard P McKeon
6	26	David Dreier
6	27	Brad Sherman
6	28	Howard L Berman
6	29	Adam B Schiff
6	30	Henry A Waxman
6	31	Xavier Becerra
6	32	Hilda L Solis
6	33	Diane E Watson
6	34	Lucille Roybal-Allard
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon
6	38	Grace F Napolitano
6	39	Linda T Sanchez
6	42	Gary G Miller
6	46	Dana Rohrabacher

# Part 3: Budget

Project Budget

	<u>Quantity</u>	FTA Amount	<u>Tot. Elig. Cost</u>
SCOPE			
127-00 OTHER CAPITAL ITEMS (RAIL)	0	\$38,734,131.00	\$48,417,664.00

							OMB Approval No. 0348-0043		
APPLICATION FO	OR			2. DATE SUBMITTED		Applica	nt Identifier		
FEDERAL ASSIST		$\mathbf{E}$				, ten.			
1. TYPE OF SUBMISSION			and the second s	3. DATE RECEIVED BY	STATE	State A	pplication Identifier		
Application		Preapplication							
☐ Construction ☐ Non-Construction		☐ Construction☐ Non-Construction☐							
La real construction		2		4. DATE RECEIVED BY	FEDERAL	AGENCY Federal	Identifier		
5. APPLICANT INFORMA	TION								
Legal Name				Organizational Unit:					
Los Angeles County Metropolitan Transportation Authority		Programming & Policy Analysis							
Address (give city, state, and zip code):			Name and telephone number of the person to be contacted on matters involving this application (give area code)						
One Gateway Plaza		Steve Henley							
Los Angeles, California 90012-2952			(213) 922-3093						
6. EMPLOYER IDENTIFIC	CATION	NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)					
95 - 44 0 19 75				A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University					
8. TYPE OF APPLICATION:  ☑ New ☐ Continuation ☐ Revision – A (Increase of Award)									
If Revision, enter appropriate letter(s) in box(es):			D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization						
	,	, , ,		G Special District N	-				
A Increase Award B D D Decrease Duration Ot	Decrease ther ( <i>spec</i>		uration	State Chartered	State Chartered Transit District				
VF-1907		9. NAME OF FEDERAL AGENCY:							
				Federal Trans	it Admin	istrat <b>ion</b>	The contract of the contract o		
10. CATALOG OF FEDER	AL DOM	1ESTIC 20 - 5	00	11. DESCRIPTIVE TIT	11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:				
ASSISTANCE NUMBER				Matur Cald Line	TF 41.211 TF:	utancial Cuant I	No. CA 02 0751		
TITLE 49 U.S.C. § 5309		Metro Gold Line Foothill Extension, Grant No. CA-03-0751 DEC 2 9 2005							
12. AREAS AFFECTED BY	PROJE	CT (cities, counties, state	es, etc.)	1					
		•				STATE	CLEARING HOUSE		
Cities of Pasadena, Arcadia, Monrovia, Duarte, Irwindale,		THE PROPERTY OF THE PROPERTY O							
Azusa, Glendora, San									
Angeles County and th	ie City	of Montclair in Sa	n Bernardino						
County									
13. PROPOSED PROJECT	1	14. CONGRESSIONA	L DISTRICTS OF						
Start Date Ending Date a. Applicant					b. Project				
12.01.2005		12-31-2007	D: 4 : 4 25 20	. 40 1.46		D' - 4 2 - 4 2 - C -			
12-01-2005		12-31-2007	Districts 25-39	9, 42 and 46		Districts 26 a	and 32		
15. ESTIMATED FUNDING	G		16. IS APPLICATIO	ON SUBJECT TO REVIEW	W BY STATE	E EXECUTIVE ORDI	ER 12272 PROCESS?		
a Federal	\$	4,432,715.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?  a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON					
			DATE _ 01	12/27/2005					
t e la					NED DIVE O	10050			
			b NO ∐ PR	ROGRAM IS NOT COVER	REDBYEO	12372			
			□ or	PROGRAM HAS NOT BI	EEN SELECT	FED BY STATE FOR	REVIEW		
b Applicant	\$	.00							
c State	\$	.00							
d Local	\$	1,108,179.00							
e Other	\$	.00							
f Program Income	\$	.00	17. IS THE APPLIC	CANT DELINQUENT ON	ANY FEDEI	RAL DEBT?			
			☐ Yes If "Y	Yes" attach an explanation	×Ν	o			
g TOTAL	e	5 540 904 00							
B 101111	\$	5,540,894.00							
18. TO THE BEST OF MY KNO GOVERNING BODY OF THE A	OWLEDG APPLICAN	E AND BELIEF, ALL DAT NT AND THE APPLICANT	A IN THIS APPLICATION F WILL COMPLY WITH TH	PREAPPLICATION ARE TRU E ATTACHED ASSURANCES	E AND CORR	ECT. THE DOCUMENT ISTANCE IS AWARDED	T HAS BEEN DULY AUTHORIZED BY THE		
a Typed Name of Authorized Representative				b Title Director	The second secon	c Telephone number			
GLADYS LOWE				1	ogram Management	(213) 922-2459			
d. Signature of Authorized Representative				e. Date Signe	ed /				
1 X American				12/2	17/05				
// / (	·				1	1			